

Appendix 4 – Template Form								
	Given name and surname / name of entity	Seat / place of business	Country	Business address	Unique country identifier* (optional)	Donation and grants to HCO	Covering of Events costs	
							Sponsor agreements with HCO or 3rd parties designated by HCO to organise Event	Registration fees
HCPs	<i>Individual disclosure - separate item for every HCP (ToVs made in the given Reporting Period shall be added together; itemised summary may be presented only at the request of the entitled)</i>							
	<i>Other - information which could not be disclosed individually</i>							
	Value of ToVs to Recipients							
	No. of Recipients in collective summary							
	% of Recipients included in the collective summary vs. total number of Recipients - by category							
HCOs	<i>Individual disclosure - separate item for every HCO (ToVs made in the given Reporting Period shall be added together; itemised summary may be presented only at the request of the entitled)</i>							
	<i>Other - information which could not be disclosed individually</i>							
	Value of ToVs to Recipients							
	No. of Recipients in collective summary							
	% of Recipients included in the collective summary vs. total number of Recipients - by category							
Research and development activity (collective summary)								
Amount								
* Tax ID number (NIP) for HCOs and medical license number fo HCPs								

Date of report publication: 20/06/2022						
	Service and advisory fees			Total (optional)		
Travel and accommodation costs	Fees	Ancillary expenses, incl. travel and accommodation				
entity)						
entity)						
				PLN 3966927,88		
				EUR 1 = PLN 4,6542668 on 20/06/2022		